Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/18/2010</u>	Address:	S.R. 331 & U.S. 20	
Case #:	<u>24-31313</u>		Mishawaka, In	
County:	St. Joseph			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Four	nd: Location (bedroom, kitchen, open a	ir, etc)		
(check all th	at apply) /Ammonia Reaction(s): <u>bucket near</u>			
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): bucket near road				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
	,			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrine Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
<u>This report</u>	is to be faxed to the following agen	<u>cies that serve the lo</u>	cation:	
Fire Departn	nent: Mishawaka Fire	Fax: <u>574-258-1627</u>		
Health Department: St. Joseph		Fax: <u>(574) 2</u> Fax:	<u>35-9960</u>	
Child Protec	tion Service: N/A	ι αλ.		
For further in Investigating	nformation regarding this methamphe GOfficer: <u>Jason Faulstich</u> Phon	tamine laboratory, co e <u>1-800-552-2959</u>	ntact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.